



City of Sanford Roof Permit Application Checklist

All permit application packages must be complete prior to acceptance. You must check each box to the left or indicate n/a on this submittal. A complete application package shall include the following:

- ☐ Building Permit Application completed, signed and notarized. Application must include correct address and complete parcel I.D. number.
- ☐ Copy of applicable contractor's license issued by the State of Florida (if the contractor is the applicant).
- ☐ A site specific notarized power of attorney shall be required from the licensed contractor if he/she appoints an employee of his/her company to sign the permit application as the contractor.
- ☐ Certificate of insurance indicating worker's compensation insurance coverage and naming the City of Sanford as certificate holder, or a copy of a worker's compensation exemption issued by the State of Florida (must be submitted with each application if contractor is the applicant).
- ☐ Completed and signed Owner Builder Statement / Affidavit (if the owner is the applicant).

These guidelines were compiled to assist the applicant in preparing a roof permit application and may not be complete. The applicant is required to meet all City of Sanford, state, and federal code requirements.



City of Sanford
Residential Re-Roof
Hurricane Mitigation Inspection Process

1. Roofing contractor shall be responsible for the protection of contents and structure at all times.
2. An **in-progress inspection** shall be scheduled after the old roof has been removed **and the dry-in is complete**. All components of the dry-in must be in place. To schedule an inspection, call 855.541.2112.
3. For roofs using an entire peel and stick dry-in, a nailing affidavit shall be required to be posted on jobsite at time of in-progress inspection.
4. A minimum of one hundred (100) square feet of the new roof component shall be installed at time of inspection. Up to fifty percent (50%) of the new roof may be installed, but all flashing and valley metal shall remain exposed for inspection.
5. The contractor shall contact the inspector the day of the **scheduled** inspection between 7:30 a.m. and 8:30 a.m. to coordinate the inspection time. Please call 407.688.5061 or 5063
6. At time of inspection the inspector shall, at his or her discretion, select location(s) for inspection.
7. A representative of the contractor shall be on job site to facilitate any necessary repairs.
8. After the inspection is conducted, the contractor will make any necessary repairs and proceed as directed by the inspector.
9. For approved inspections, the inspector shall collect the required affidavit for filing with the permit application.

The above shall serve as the inspection process to meet requirements per Florida Statute. Any and all suggestions to better serve the contractor needs will be considered.

CITY OF SANFORD BUILDING SERVICES
Residential Re-Roof
Hurricane Mitigation Inspection Affidavit

Permit #: _____

I, _____ hereby acknowledge that I personally inspected

☐ Roof deck nailing and/or ☐ Secondary water barrier work

at _____ and have determined that the work

(Job Site Address)

was done according to the Hurricane Mitigation Retrofit Manual. (based on 553.844 F.S.)

I certify that my statements herein are true and accurate to the best of my belief and that I fully understand that making any false statements in writing with the intent to mislead a public servant in the performance of his or her official duty shall constitute a misdemeanor of the second degree pursuant to Section 837.06 F.S.

Signature of Contractor

Date

Printed Name of Contractor

License #

License Type: ☐ General ☐ Building ☐ Residential ☐ Roofing Contractor

☐ or any individual certified in accordance with F.S. 468 to make such an inspection.

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____, by

_____, who is ☐ Personally Known to me or has ☐ Produced (type of
identification) _____ as identification.

_____ (SEAL)

Signature of Notary Public

State of Florida

Print/Type/Stamp Name
of Notary Public